

Library Card Application
Easton Public Library

Please Print

Date: _____

Last Name First Middle/Initial

Mailing Address (Town, State, Zip Code)

Mailing Address (secondary, employer or guardian address)

Home **Cell** **Work**

Primary Contact Number

Home **Cell** **Work**

Contact Number (secondary, employer or guardian phone number)

Email: _____

- | | |
|---|---|
| <input type="checkbox"/> Child (12 and under) | <input type="checkbox"/> Young Adult (13 to 17) |
| <input type="checkbox"/> Adult (18 to 64) | <input type="checkbox"/> Senior (65 and Older) |
| | <input type="checkbox"/> Au Pair / Nanny |

Signature of Applicant

-----**Name and Signature of Parent / Guardian / Employer** -----